IOWA BOARD OF DENTAL EXAMINERS 400 SW 8TH ST, SUITE D DES MOINES, IA 50309-4687 Phone (515) 281-5157 * http://www.state.ia.us/dentalboard

Continuing Education Record FOR BIENNIUM REPORTING PERIOD OF JULY 01, ______ TO

FOR BIENNIUM REPORTING PERIOD OF JULY 01,	TO JUNE 30,
This form can be used to keep track of the continuing educations or registration. Maintain copies of your proof of attacked should be maintained for four years after the end of selected for audit, this form should be submitted to the Board By signing this form, you are certifying that the information	endance for all continuing education claimed f the year of attendance. In the event you are rd office along with your proof of attendance
	Registration/
Name	License Number
Signature	Date

Date	Course Title	Sponsor and Location	Credit Hours

Attach proof of attendance for all hours claimed.